

| | | | |
|--------------------------|--|------------------------|---------------------------------|
| SERFF Tracking Number: | CATL-128355714 | State: | District of Columbia |
| Filing Company: | Catlin Insurance Company, Inc. | State Tracking Number: | |
| Company Tracking Number: | AHAG 401 (DC) 0412 | | |
| TOI: | H02G Group Health - Accident Only | Sub-TOI: | H02G.000 Health - Accident Only |
| Product Name: | Catlin Group Accident Amendment | | |
| Project Name/Number: | Catlin Group Accident Amendment/AHAG 401 (DC) 0412 | | |

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

| Company Name: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where required): | Minimum % Change (where required): |
|-----------------------------------|-----------------------------------|---------------------------|---|---|---|--|--|
| Catlin Insurance Company, Inc. | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% |

| | | | |
|--------------------------|--|------------------------|---------------------------------|
| SERFF Tracking Number: | CATL-128355714 | State: | District of Columbia |
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| TOI: | H02G Group Health - Accident Only | Sub-TOI: | H02G.000 Health - Accident Only |
| Product Name: | Catlin Group Accident Amendment | | |
| Project Name/Number: | Catlin Group Accident Amendment/AHAG 401 (DC) 0412 | | |

Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-----------------------|----------------------|--|--------------|--------------------------|--------------------------------|
| | Actuarial Memorandum | AHAG 401 (DC) 0412, AHAG 402 (DC) 0412, AHAG 403 (DC) 0412 | New | | AME and ADI Actuarial Memo.pdf |

CATLIN INSURANCE COMPANY, INC.

Statutory Home Office: 1330 Post Oak Boulevard, Suite 2325, Houston, TX
77056

Administrative Office: 3340 Peachtree Road N.E., Suite 2950, Atlanta, GA 30326

ACTUARIAL MEMORANDUM

**GROUP ACCIDENT POLICY
Form Number AHAG 051**

1. Scope and Purpose

The purpose of this memorandum is to certify that the premiums for this Policy Form satisfy the rate filing requirements of your State. This is a new endorsement to an existing filing. This memorandum should not be used for any other purpose.

This actuarial memorandum supports the addition of a new Accident Medical Benefit Rider to the policy form.

Also included is the support for the Total Disability Weekly Income Benefit where the premium did not match the policy contents for this benefit in the existing filing.

2. Description of Benefits

- Accident Medical Benefit Rider: This benefit will pay covered medical charges in the event that the covered person requires treatment arising from a covered accident. Various options are available as far as the scope of coverage is concerned.
 - Primary Benefits: Benefits are paid on a Primary basis where we will pay covered expenses regardless of any other coverage the insured may have.
 - Limited Primary Benefits: In this case we will be responsible for paying an initial amount on a Primary basis, as set out in the Schedule of Benefits. The insured will then pay an amount above the initial amount, also as set out in the Schedule of Benefits. Any charges in excess of both these amounts will be paid by us as if on a primary basis.

- Primary Excess Benefits: In this case the insured is responsible for an initial amount, as set out in the Schedule of Benefits. Thereafter, we will pay benefits as if on a primary basis.
- Full Excess Benefits: Under the Full Excess basis the benefits are payable only when they are in excess of any other valid insurance.

Also available is an indemnity option where benefit payments are based upon fixed amounts for the various covered losses as specified in the Schedule of Benefits.

- Total Disability Income Benefit: Upon the total disability of an insured, arising from a covered accident, this benefit will pay a weekly amount, subject to the terms and conditions set out in the schedule of benefits regarding waiting period and benefit period. The total disability must be certified by a licensed physician.

3. Renewability Clause

The premiums are not guaranteed, and, are subject to change upon renewal.

4. Applicability

This form will be available for new issues.

5. Morbidity

- Accident Medical Benefit Rider

The following sources of morbidity experience were used:

- "Injury Facts", Editions 2003, 2004, 2005-2006, 2007-2008, and 2011, published by the National Safety Council
- The SOA 2005 – 2006 Group Term Life Mortality & Morbidity Study
- "Statistical Abstract of the United States, 2011 Edition"
- Center for Disease Control, Injury Data and Resources
- National Hospital Ambulatory Medical Care Survey; Emergency Department Summary
- National Hospital Discharge Survey
- Unpublished data from Insured and public programs

- Total Disability Weekly Income Benefit

Claim costs were derived from the 1985 Commissioners' Disability Table.

6. Family Rates

Family rates can be derived from the base rates, depending upon the plan design, that is the additional benefits chosen and the proportions of the insured's principal sum that are chosen for the dependants.

7. Mortality

See item 5 above.

8. Persistency

Persistency assumptions were not used in the pricing of this product.

9. Expenses

Expenses are assumed to be 20.5% of the gross premium, allocated as follows:

| | |
|----------------|-------|
| Administration | 8.0% |
| Issuing Fees | 5.0% |
| Premium Taxes | 2.5% |
| Overhead | 5.0% |
| Total | 20.5% |

10. Commissions

Commissions are assumed to average 15% of the gross premium.

11. Marketing Method

This product is to be sold through licensed insurance brokers, agents and third party administrators. It may be offered on a direct response basis.

12. Underwriting

Since this product will be sold as group coverage to employers or other valid groups, there will be none or limited underwriting at the individual level.

The underwriter however, will collect information from the applicant group in order to measure the group's risk relative to the assumptions used in the manual rating.

In general, underwriting adjustments may be made with respect to any extraordinary items having an impact on the risk, subject to the discretion of the underwriter.

When there is specific information available about the group being underwritten, such as a group's exposure and risk characteristics, it may be appropriate to refine the manual rates.

13. Experience Rating

Final rates may vary from manual rates because of an adjustment for a group's actual experience. The experience rate will be determined from the group's claims experience, the size of the group and the number of years of information provided.

A credibility factor will be calculated that measures the extent to which historical experience may be relied upon as a predictor of future experience for the group.

Full credibility is assigned at 550,000 exposure years. Partial credibility is calculated as the square root of the number of exposure years divided by 550,000, rounded to the whole nearest percentage.

The final rate will combine the manual rate with the experience rate, with the appropriate credibility being assigned to each rate:

$$\text{Final Rate} = [\text{Experience Rate} * Z] + [\text{Manual Rate} * (1-Z)],$$

where Z is the calculated credibility factor.

Approximately 3 to 5 years' of the group's experience will be reviewed to determine whether existing rates are adequate or need to be adjusted. The result from the calculation is subject to the underwriter's discretion. For start-up groups, the manual rates will be applied.

14. Premium Classes

The premiums will vary by plan design, including:

- (i) Employee only coverage, or, employee and dependants coverage.
- (ii) Gender Mix of Group
- (iii) Benefit Level
- (iv) Additional Options Selected

- (v) Industry Group
- (vi) Geographic Area

15. Issue Age Range

Limited to employees aged 18 to 69.

16. Gender Adjustment Factors

A gender adjustment factor is introduced into the group rating that allows for the proportions of males and females in the group to be insured.

The unintentional injury death rates for males and females respectively were derived from data contained in Table 16 of the Center for Disease Control's National Vital Statistics Reports, Vol. 54, No. 10, January 31, 2006.

The gender specific accident mortality rates were compared with the overall unisex accident mortality rate. This resulted in the male ratio of 1.88 and a female ratio of 0.68.

The adjustment factor is then calculated as:

Employee Adjustment Factor = Male Factor*%Males + Female Factor*%Females

For the spouse adjustment factor, the percentages are switched, so that:

Spouse Adjustment Factor = Male Factor*%Females + Female Factor*%Males

These adjustment factors are then applied to the general accidental death rate for employees and spouse respectively in deriving the base rates for the group.

17. Geographic Area Factors

Geographical area factors were developed from the data showing unintentional injury death trends by State in Injury Facts, 2005-2006 Edition.

18. Industry Factors

Industry factors were derived from the Society of Actuaries 2006 Group Life Experience Study, which included AD&D experience by SIC (Standard Industrial Classification) code. The emerging industry loadings

were used as a guide and were adjusted for anticipated experience to arrive the final loadings adopted for this product.

19. Average Premium

The average expected premiums are \$13 per person per month.

20. Premium Modalization Rules

The premiums are only payable monthly.

21. Claim Liability and Reserves

The claim liability and reserves for all incurred but unpaid claims will be developed using standard actuarial methods as prescribed by the American Academy of Actuaries.

22. Active Life Reserves

Not applicable to this product.

23. Trend Assumption

No trend assumption was made.

24. Anticipated Loss Ratio

The anticipated Loss Ratio for this policy form is 52%.

25. Distribution of Business

Since this is a new endorsement to an existing filing, the distribution of business is not known.

26. Contingency and Risk Margins

The margins for adverse experience and profit are included as 12.5% of gross premium.

27. Experience

This is a new endorsement to an existing filing and we do not have any experience on these benefits.

28. Lifetime Loss Ratio

The lifetime loss ratio is expected to be 52%.

29. History of Rate Adjustments

This is not applicable because this is a new endorsement to an existing filing.

30. Number of Policyholders

This is not applicable because this is a new endorsement to an existing filing.

31. Proposed Effective Date

The effective date will begin upon Department of Insurance approval.

32. Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws of this State and that the proposed premiums are reasonable in relation to the benefits provided.

M. Edmunds, FCAS, MAHA
Director, Reinsurance Pricing
Date: 4/1/2012

ATTACHMENT 1
Summary of Benefit Options and Premium/Loadings

BENEFIT OPTIONS

| | Employee | Spouse | Children |
|------------------------------------|----------|--------|----------|
| General Rate Per \$1,000 Per Month | 0.0205 | 0.0205 | 0.0144 |
| Gender Adjustment Ratio's: | | | |
| Males | 1.88 | | |
| Females | 0.68 | | |

Benefit Loads

| | | | | |
|--|-----------------------------------|--------|---|---|
| Total Disability Weekly Income Benefit \$100 Per Week | 7 Day Waiting Period: | | | |
| | Maximum Benefit Period - 13 Weeks | 1.4948 | x | x |
| | Maximum Benefit Period - 26 Weeks | 1.8714 | x | x |
| | Maximum Benefit Period - 52 Weeks | 2.3547 | x | x |
| | 30 Day Waiting Period: | | | |
| | Maximum Benefit Period - 13 Weeks | 0.5621 | x | x |
| | Maximum Benefit Period - 26 Weeks | 0.7764 | x | x |
| | Maximum Benefit Period - 52 Weeks | 1.0140 | x | x |
| | 90 Day Waiting Period: | | | |
| | Maximum Benefit Period - 13 Weeks | 0.1578 | x | x |
| | Maximum Benefit Period - 26 Weeks | 0.2503 | x | x |
| | Maximum Benefit Period - 52 Weeks | 0.3750 | x | x |
| | 180 Day Waiting Period: | | | |
| | Maximum Benefit Period - 13 Weeks | 0.0994 | x | x |
| | Maximum Benefit Period - 26 Weeks | 0.1627 | x | x |
| | Maximum Benefit Period - 52 Weeks | 0.2689 | x | x |

Accident Medical Benefit Rider

See Attachment 2

ATTACHMENT 2

Accident Medical Benefit Rider

Inserted is an excel file containing the Accident Medical Benefit Rider claim cost and adjustment factors.



Group AME
Rates.xlsx

SERFF Tracking Number: CATL-128355714 State: District of Columbia
Filing Company: Catlin Insurance Company, Inc. State Tracking Number:
Company Tracking Number: AHAG 401 (DC) 0412
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Catlin Group Accident Amendment
Project Name/Number: Catlin Group Accident Amendment/AHAG 401 (DC) 0412

Supporting Document Schedules

| Item Status: | | Status Date: |
|---|--|-----------------|
| Satisfied - Item: Actuarial Justification | | |
| Comments: Actuarial Memorandum is attached. | | |
| Attachment: AME and ADI Actuarial Memo.pdf | | |
| Item Status: | | Status Date: |
| Satisfied - Item: Letter of Authorization | | |
| Comments: Letter of Authorization is attached. | | |
| Attachment: Amendment Group Accident Letter of Authorization Signed.pdf | | |
| Item Status: | | Status Date: |
| Satisfied - Item: Cover Letter | | |
| Comments: Cover Letter is attached. | | |
| Attachment: DC Amendment Group Accident Rate Cover Letter.pdf | | |

CATLIN INSURANCE COMPANY, INC.

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31. Proposed Effective Date

The effective date will begin upon Department of Insurance approval.

32. Actuarial Certification

To the best of my knowledge and judgment, this filing is in compliance with the applicable laws of this State and that the proposed premiums are reasonable in relation to the benefits provided.

M. Edmunds, FCAS, MAHA
Director, Reinsurance Pricing
Date: 4/1/2012

ATTACHMENT 1
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Benefit Loads

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|--|-----------------------------------|--------|---|---|
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| | Maximum Benefit Period - 52 Weeks | 1.0140 | x | x |
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| | Maximum Benefit Period - 13 Weeks | 0.1578 | x | x |
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| | Maximum Benefit Period - 52 Weeks | 0.3750 | x | x |
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| | Maximum Benefit Period - 26 Weeks | 0.1627 | x | x |
| | Maximum Benefit Period - 52 Weeks | 0.2689 | x | x |

Accident Medical Benefit Rider

See Attachment 2

ATTACHMENT 2
Accident Medical Benefit Rider

Inserted is an excel file containing the Accident Medical Benefit Rider claim cost and adjustment factors.



Group AME
Rates.xlsx



1330 Post Oak Boulevard
Suite 2325
Houston, TX 77056

April 18, 2012

Catlin Insurance Company, Inc.
FEIN#: 204929941
NAIC#: 4574 19518

Letter of Authorization
Filing of Forms, Rates and Rules

Dear Sir or Madame:

In accordance with the applicable statutes and regulations in your state, Darcy Lebau and Westmont Associates are hereby authorized to file form, rate and rate filings on behalf of Catlin Insurance Company, Inc.

Very truly yours,

A handwritten signature in black ink, appearing to read "Bob Eells".

Bob Eells
Director – Regulatory Development



WESTMONT ASSOCIATES, INC.

May 11, 2012

via SERFF

The Honorable William P. White
Government of the District of Columbia Department of Insurance
Securities and Banking
Actuarial Analysis Division
810 First Street, NE, Suite 701
Washington DC 20002
Attn.: Life and Health Division

Re: Catlin Insurance Company, Inc.
FEIN#: 204929941
NAIC#: 4574 19518

Group Accident Amendment Filing

Forms:

Accident Medical Benefit Rider Form # AHAG 401 (DC) 0412

Total Disability Weekly Income Benefit Rider Form # AHAG 402 (DC) 0412

Blank Endorsement Rider Form # AHAG 403 (DC) 0412

Honorable Commissioner White:

As required by the Health Insurance Rate Filing Procedures, we are including the following information in this cover letter:

| | |
|--|---|
| Company Name: | Catlin Insurance Company, Inc. |
| NAIC Number: | 4574 19518 |
| Form Filing: | Form Number AHAG 401(DC) 0412 et al. |
| Submission Date: | May 11, 2012 |
| Proposed Effective Date | As soon as approved |
| Type of Product : | Group Accident |
| Individual or Group: | Group |
| Scope and Purpose: | This filing is for an amendment to a previously approved group accident product which will be offered to eligible groups. |
| Initial Filing or Change: | Initial Filing |
| DC Policyholders: | There are currently no DC policyholders for this filing and therefore is no premium impact to DC policyholders. |
| District of Columbia Loss Ratio Analysis: | This is a new filing with no prior experience. |

District of Columbia
and Countrywide

Experience: This is a new filing with no prior experience in District of Columbia or Countrywide.

Included with this filing is the actuarial memorandum and rate tables.

I thank you in advance for the time spent on this filing and trust that you will find everything in order. Please do not hesitate to contact me directly at 856-216-0220, x 211 or at Carolyn@westmontlaw.com if you have any questions or require additional information.

Respectfully,

Carolyn Smart

Carolyn Smart